

EXHIBIT B

Brian J. Flynn, M.D.

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IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON DIVISION

Case No.: 2:13-cv-04457

MDL NO. 2326

VIDEO DEPOSITION OF BRIAN J. FLYNN, MD

August 29, 2014

BOSTON SCIENTIFIC CORPORATION, PELVIC REPAIR SYSTEM PRODUCTS
LIABILITY LITIGATION

Related to

AMBER COMER.

A P P E A R A N C E S:

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<p>1 APPEARANCES: (Cont.)</p> <p>2</p> <p>3 For Witness:</p> <p>4 GREGORY R. PICHE, ESQUIRE</p> <p>5 Singularity Legal, PLLC</p> <p>6 3144 Newton Street</p> <p>7 Denver, Colorado 80211</p> <p>8 (303) 668-4240</p> <p>9</p> <p>10 Also Present: Adam Johnston, Videographer</p> <p>11</p> <p>12 Pursuant to Notice and the Colorado Rules of Civil</p> <p>13 Procedure, the video deposition of BRIAN J. FLYNN, MD called by</p> <p>14 Plaintiff, was taken on Friday, August 29, 2014, commencing at</p> <p>15 7:10 AM at 12631 17th Street, Fifth Floor, Aurora, Colorado,</p> <p>16 before Martha Loomis, Certified Shorthand Reporter and</p> <p>17 Colorado Notary Public.</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p>1 THE VIDEOGRAPHER: We are now on the record.</p> <p>2 My name is Adam Johnston. I am a videographer for Golkow</p> <p>3 Technologies. Today's date is August 29, 2014. The time</p> <p>4 is 7:10 a.m. This video deposition is being held at</p> <p>5 12631 East 17th Avenue, Room 5500, Aurora, Colorado. It's</p> <p>6 in the matter of Amber Comer versus Boston Scientific</p> <p>7 Corporation for the U.S. District Court, the Southern</p> <p>8 District of West Virginia. The deponent is Brian J. Flynn,</p> <p>9 M.D.</p> <p>10 Counsel, please identify yourselves for the</p> <p>11 record.</p> <p>12 MR. MCCRARY: My name is Sean McCrary with the</p> <p>13 Andrus Wagstaff firm in Denver representing Plaintiff</p> <p>14 Comer.</p> <p>15 MR. MYERS: Andrew Myers with Wheeler Trigg</p> <p>16 O'Donnell on behalf of Boston Scientific.</p> <p>17 MR. PICHE: Greg Piche here on behalf of the</p> <p>18 deponent.</p> <p>19 THE VIDEOGRAPHER: The court reporter is Martha</p> <p>20 Loomis. She will now swear in the witness.</p> <p>21 P R O C E E D I N G S</p> <p>22 BRIAN J. FLYNN, MD,</p> <p>23 having been duly sworn to state the whole truth, testified as</p> <p>24 follows:</p> <p>25 EXAMINATION</p>
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<p>1 I N D E X</p> <p>2</p> <p>3 VIDEO DEPOSITION OF BRIAN J. FLYNN, MD</p> <p>4 EXAMINATION BY: PAGE</p> <p>5 Mr. McCrary 5, 128</p> <p>6 Mr. Myers 67, 136</p> <p>7</p> <p>8 DEPOSITION EXHIBITS: INITIAL REFERENCE</p> <p>9 Exhibit 1 Notice of Videotaped Deposition 5</p> <p>10 of Brian J. Flynn, MD</p> <p>11 Exhibit 2 Curriculum Vitae, Brian J. Flynn, MD 7</p> <p>12 Exhibit 3 University of Colorado Hospital</p> <p>13 2-28-11 Medical Records, Amber Comer 29</p> <p>14 Exhibit 4 University of Colorado Hospital</p> <p>15 4-8-11 Medical Records, Amber Comer 33</p> <p>16 Exhibit 5 University of Colorado Hospital</p> <p>17 4-6-12 Medical Records, Amber Comer,</p> <p>18 Bates No. 00001 - 00058 36</p> <p>19 Exhibit 6 Pathology of Explanted Transvaginal</p> <p>20 Meshes 49</p> <p>21 Exhibit 7 Polypropylene Vaginal Mesh Grafts</p> <p>22 in Gynecology 53</p> <p>23 Exhibit 8 American Urological Association</p> <p>24 Position Statement, Use of Vaginal Mesh for</p> <p>25 The Surgical Treatment of Stress Urinary</p> <p>Incontinence, BSCM04400016224 75</p> <p>Exhibit 9 University of Colorado Hospital</p> <p>Visit Summary, ComerA_Bolshoun</p> <p>Medical_000108 - 000123 119</p>	<p>1 BY MR. MCCRARY:</p> <p>2 Q. Good morning, Dr. Flynn. My name is Sean McCrary.</p> <p>3 I'm an attorney for one of your patients, Amber Comer.</p> <p>4 Did you receive a copy of a notice of deposition to</p> <p>5 appear today?</p> <p>6 A. I did.</p> <p>7 Q. I got a copy for you right here. We're going to</p> <p>8 mark that as Exhibit 1.</p> <p>9 (Exhibit 1 marked for identification.)</p> <p>10 MR. MCCRARY: Andrew, do you need one?</p> <p>11 MR. MYERS: No, that's fine.</p> <p>12 (BY MR. MCCRARY) Q. Do you see on the second</p> <p>13 page of that document, Doctor, it asked you to bring a couple</p> <p>14 of things with you today?</p> <p>15 A. I do.</p> <p>16 Q. Can we just go through those, and I'll ask you</p> <p>17 whether or not you brought each one of those requests on</p> <p>18 that document.</p> <p>19 A. Okay. So bullet point A, medical records and</p> <p>20 in-hospital records, I have that directly available.</p> <p>21 The University no longer has a paper chart. We</p> <p>22 have electronic charts. So I have my laptop here and access</p> <p>23 to Epic, which is our electronic medical record, EMR. So I</p> <p>24 have all those records readily available, and certainly I can</p> <p>25 print anything if you would like at any point.</p>

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<p style="text-align: right;">Page 50</p> <p>1 Have you ever seen evidence of either of those</p> <p>2 things in your practice?</p> <p>3 MR. MYERS: Objection to form.</p> <p>4 A. I'm not familiar with this article at all, Sean. I</p> <p>5 mean, I have only had a few minutes to really review. So I'm</p> <p>6 not going to comment on this article.</p> <p>7 (BY MR. McCRARY) Q. Okay. So you have no</p> <p>8 opinions one way or another?</p> <p>9 A. No. This article's not even published. It doesn't</p> <p>10 say what journal it's in. It doesn't say what year. It</p> <p>11 says, Accepted abstract. It's not peer reviewed as far as I</p> <p>12 know. So I'm not going to make any comment on this article.</p> <p>13 If you want to ask me about pathology on Amber,</p> <p>14 I'm happy to ask -- answer questions. I did look at the</p> <p>15 pathology reports for Amber Comer.</p> <p>16 Q. Okay. Let's talk about that.</p> <p>17 You looked at pathology for Ms. Comer. And I</p> <p>18 assume that the pathology was done on the sling that you took</p> <p>19 down and removed?</p> <p>20 A. There was the pathology from Dr. Davis' surgery I</p> <p>21 guess on April 11, and then another pathology report from the</p> <p>22 surgery I did. And that report was dated September 8 I guess</p> <p>23 when it was completed, but that's from surgery on</p> <p>24 September 6.</p> <p>25 Q. Okay. And were there any significant findings in</p>	<p style="text-align: right;">Page 52</p> <p>1 already -- have an attorney before their explant surgery,</p> <p>2 and we're asked to send that specimen. So we send that</p> <p>3 because we're asked to do that.</p> <p>4 And we are trying to learn from this. I've looked</p> <p>5 at the microbiology of meshes here at the University of</p> <p>6 Colorado, but I've never looked at the pathology; I haven't</p> <p>7 organized any kind of retrospective review in those regards.</p> <p>8 Q. So when you say you've looked at the microbiology,</p> <p>9 does that mean you've studied things like tissue ingrowth?</p> <p>10 A. Tissue ingrowth would be considered more under the</p> <p>11 realm of pathology. Microbiology would be specifically</p> <p>12 looking at organisms we could possibly culture from the mesh.</p> <p>13 Q. Have you found evidence of bacteria or other</p> <p>14 organisms in meshes that you've studied?</p> <p>15 A. Yes.</p> <p>16 Q. Do you believe that the way that the particular</p> <p>17 type of mesh is woven has something to do with the presence</p> <p>18 of bacteria in the mesh?</p> <p>19 A. I'm not going to comment on that. All I can say is</p> <p>20 that I've seen bacteria in some of the meshes that we've</p> <p>21 explanted. I can tell you what those organisms are.</p> <p>22 How they end up there I don't know, and whether</p> <p>23 that's related to the designs of meshes, that's something a</p> <p>24 materials scientist might know. But I'm not familiar with</p> <p>25 that.</p>
<p style="text-align: right;">Page 51</p> <p>1 either of the pathologies that were performed either after</p> <p>2 Dr. Davis' surgery or after yours?</p> <p>3 A. The April 2011 surgery, Dr. Davis' surgery was for</p> <p>4 gross examination. It mentions that there's skeletal muscle</p> <p>5 and fibroconnective tissue, negative for inflammation, no</p> <p>6 other abnormality.</p> <p>7 That's a typical report that we receive at the</p> <p>8 University of Colorado Hospital on mesh excisions that</p> <p>9 happened early. I would consider this early.</p> <p>10 Mesh excisions that come later tend to show some</p> <p>11 inflammation. On the September report it said, "Foreign</p> <p>12 material with minimal chronic inflammation," so there was</p> <p>13 some inflammation, but it was considered minimal.</p> <p>14 That's about the extent of the pathological</p> <p>15 analysis that -- that we received from our pathological</p> <p>16 department.</p> <p>17 Q. Is the lack of inflammation significant in any way</p> <p>18 clinically?</p> <p>19 A. I think this is a very new science so we don't</p> <p>20 really understand how to interpret these pathology reports.</p> <p>21 I don't think pathologists have any standards on how to</p> <p>22 prepare the reports, and urologists, urogynecologists are not</p> <p>23 familiar with how to interpret the reports.</p> <p>24 We send the reports because they're often requested</p> <p>25 by the Plaintiff's attorneys. Many of these patients have</p>	<p style="text-align: right;">Page 53</p> <p>1 Q. Could it be related to the design of the meshes?</p> <p>2 MR. MYERS: Objection to form.</p> <p>3 A. I don't know the answer to that.</p> <p>4 (BY MR. McCRARY) Q. Okay. I just want to show</p> <p>5 you. I'm going to mark Exhibit 7. I just want to know if</p> <p>6 you've ever read this.</p> <p>7 (Exhibit 7 marked for identification.)</p> <p>8 A. I don't believe I've read this specific</p> <p>9 publication. I am familiar with Dr. Ostergard and his work.</p> <p>10 But I don't think I've read this publication.</p> <p>11 Q. And the reason I ask is because I want to know your</p> <p>12 opinion on something that he talks about on the third page of</p> <p>13 this thing.</p> <p>14 I wish we had more time. But since we're so</p> <p>15 limited I'm just going to specifically point you to the part</p> <p>16 I'm interested in, which is page 964 on the right column.</p> <p>17 It's the second full paragraph that starts with "Given</p> <p>18 that polypropylene." Do you see that?</p> <p>19 A. Yes.</p> <p>20 Q. It says, "Given that polypropylene is not inert</p> <p>21 within the human body, that mesh shrinkage of up to</p> <p>22 20 percent to 50 percent occurs, that large pore size is</p> <p>23 important for fibrous tissue ingrowth and mesh</p> <p>24 incorporation into host tissues, that surface area is</p> <p>25 directly related to subsequent infection, and that</p>

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